

Proposed Bill No. 5906

January Session, 2015

LCO No. 1859



Referred to Committee on PUBLIC HEALTH

Introduced by:

REP. RYAN, 139th Dist.

AN ACT CONCERNING ACCESS TO TREATMENT FOR OPIOID ADDICTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

That the general statutes be amended to allow (1) primary health care providers to provide methadone treatment to patients in office settings, and (2) qualified nurse practitioners to prescribe drugs other than methadone to treat opioid addiction.

Statement of Purpose:

My concerns focus on the language in the bill, which refers to primary care providers and APRNS prescribing the agonist meds, methadone and suboxone in primary care settings. I invite you to review CAAP's recommendations, which discuss the serious problems that have arisen with physician-assisted medication treatment, relative to Suboxone. CAAP has included evidence from several sources that identify the potentially dangerous treatment failures, which occur due to lack of addiction specialists involved in the treatment, insufficient monitoring of compliance and oversight of patients, and the downward trajectory of relapse into opiate addiction, criminal activity, and overdose.

I strongly endorse HB 5906's primary goal of expanding treatment to CT opiate-residents. CAAP's recommendations center on the fact that the treatment of opiate addiction requires specialists to assess, monitor, intervene and manage the patient's care. We compare the treatment for this highly complex disease to treatment for complicated medical conditions. In this comparison, a PCP or APRN, well-meaning but sorely lacking in depth of fund of knowledge and professional experience, could treat a patient with a severe and life threatening disease by simply providing the patient with meds and sending the individual on his or her way with no crucial oversight and adjunct services.

As a result without the oversight required from specialists in the field of addiction the client returns to active addiction unless the client is under some form of supervision, such as Parole or Probation at best to reduce the risk of relapse and/or recidivism that occurs when not monitor.

Darlene Dailey, MS, LADC, ICCDP